

<b>UNITED STATES HOUSE OF REPRESENTATIVES</b> <b>CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT</b>	<b>FORM A</b> <span style="float: right;">Page 1 of 7</span> For use by Members, officers, and employees
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HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 1:34

(Office Use Only)

MC

Bruce Lowell Braley (Full Name)		202-225-2911 (Daytime Telephone)
<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>IA</u> District: <u>01</u>	<input type="checkbox"/> Officer Or Employee Employing Office: _____
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment <input type="checkbox"/> Termination	Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	<p style="font-weight: bold;">Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<b>Trusts--</b>	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Exemptions--</b>	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**SCHEDULE I - EARNED INCOME**

Name Bruce Lowell Braley

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Waterloo Community School District	Spouse Salary	N/A

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Bruce Lowell Braley

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**BLOCK A**
**Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

**BLOCK B**
**Year-End Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

**BLOCK C**
**Type of Income**

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

**BLOCK D**
**Amount of Income**

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

**BLOCK E**
**Transaction**

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

	PEPSICO, INC	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
	AMANA MUTUAL FUNDS TRUST INCOME FUND	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	COLUMBIA MID CAP VALUE FUND A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
	DAVIS NEW YORK VENTURE FD CL A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
	EUROPACIFIC GROWTH FUND CL-F	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	AMERICAN FUNDS GROWTH FUND OF AMERICA CLASS F	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Bruce Lowell Braley

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	HARTFORD MID CAP FUND CLASS A	\$1,001 - \$15,000	DIVIDENDS	NONE	S(part)
	IVY FUNDS PACIFIC OPPORTUNITIES FUND CLASS A	\$1,001 - \$15,000	DIVIDENDS	NONE	
	LAZARD EMERGING MARKETS PORTFOLIO RETAIL SH	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	LOOMIS SAYLES FUNDS II INVT GRADE BOND FD CL A	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
	NEUBERGER BERMAN EQUALITY TR SOCIALLY RESPONSIVE TR	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	PIMCO FUNDS TOTAL RETURN ED CLASS A	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
	TEMPLETON GLOBAL BOND FL CLASS A	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	THORNBURG INVT TR INTERNATIONAL VALUE FD CLASS A	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	INSURED BANK PROGRAM	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	BARON ASSET FUND	None		NONE	S
	GATEWAY TRUST INDEX PLUS FUND CLASS A	None		NONE	S
	JPMORGAN TRUST I HIGHBRIDGE STATISTICAL	None		NONE	S
	T ROWE PRICE GROWTH STOCK	None		NONE	S

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Bruce Lowell Braley	Page 5 of 7
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	EQUITY COMPASS MANAGED ACCOUNT	\$100,001 - \$250,000	CAPITAL GAINS	\$2,501 - \$5,000	P
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# SCHEDULE IV - TRANSACTIONS

Name Bruce Lowell Braley

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	BARON ASSET FUND	S	Yes	2-19-10	\$1,001 - \$15,000
	COLUMBIA MID CAP VALUE FUND A	S	No	2-19-10	\$15,001 - \$50,000
	DAVIS NEW YORK VENTURE FD CL A	S	Yes	2-19-10	\$15,001 - \$50,000
	GATEWAY TRUST INDEX PLUS FUND CLASS A	S	Yes	2-19-10	\$1,001 - \$15,000
	GROWTH FUND OF AMERICA CL F	S	Yes	2-19-10	\$50,001 - \$100,000
	HARTFORD MID CAP FUND CLASS A	S	No	2-19-10	\$1,001 - \$15,000
	JPMORGAN TRUST I HIGHBRIDGE STATISTICAL	S	No	2-19-10	\$1,001 - \$15,000
	T ROWE PRICE GROWTH STOCK	S	Yes	2-19-10	\$1,001 - \$15,000

**SCHEDULE V - LIABILITIES**

Name Bruce Lowell Braley

Page 7 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	COMMUNITY NATIONAL BANK	July 2010	Bridge Loan- Paid off 9/8/2010	\$10,001 - \$15,000

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A** Page 1 of 5  
For use by Members, officers, and employees

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 2:02

(Office Use Only)

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

David Wayne Loeb sack 202-225-6576  
(Full Name) (Daytime Telephone)

**Filer Status**

☒ Member of the U.S. House of Representatives State: IA District: 02

☐ Officer Or Employee Employing Office: \_\_\_\_\_

**Report Type**

☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date: \_\_\_\_\_

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p><b>I.</b> Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  If yes, complete and attach Schedule I.</p>	<p><b>VI.</b> Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  If yes, complete and attach Schedule VI.</p>
<p><b>II.</b> Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  If yes, complete and attach Schedule II.</p>	<p><b>VII.</b> Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  If yes, complete and attach Schedule VII.</p>
<p><b>III.</b> Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  If yes, complete and attach Schedule III.</p>	<p><b>VIII.</b> Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  If yes, complete and attach Schedule VIII.</p>
<p><b>IV.</b> Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  If yes, complete and attach Schedule IV.</p>	<p><b>IX.</b> Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  If yes, complete and attach Schedule IX.</p>
<p><b>V.</b> Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p><b>Trusts--</b> Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>Exemptions--</b> Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>



**SCHEDULE I - EARNED INCOME**

Name David Wayne Loeb sack

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Iowa Public Employees Retirement Pension	Spouse Pension	n/a

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name David Wayne Loeb sack

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## BLOCK A

### Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of etocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to elect the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

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For an ownership interest in a privately-held business that is not publicly traded, etate the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

## BLOCK B

### Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

## BLOCK C

### Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

## BLOCK D

### Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

## BLOCK E

### Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

	CREF Bond Market	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
	CREF Equity Index	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
	CREF Global Equities	\$15,001 - \$50,000	CAPITAL GAINS	\$1,001 - \$2,500	
	CREF Growth	\$15,001 - \$50,000	CAPITAL GAINS	\$2,501 - \$5,000	
	CREF Money Market	\$1,001 - \$15,000	CAPITAL GAINS	\$1 - \$200	
	CREF Stock	\$15,001 - \$50,000	CAPITAL GAINS	\$1,001 - \$2,500	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name David Wayne Loeb sack

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	TC Lifecycle Fund 2020	\$100,001 - \$250,000	CAPITAL GAINS	\$5,001 - \$15,000	
	TC Lifecycle Fund 2025	\$15,001 - \$50,000	CAPITAL GAINS	\$2,501 - \$5,000	
	TIAA Real Estate	\$1,001 - \$15,000	Capitol Losses	\$201 - \$1,000	
	TIAA Traditional	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
SP	Vanguard Extended Market Index Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Vanguard Intermediate Term Bond Index	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	S(part)
SP	Vanguard Long Term Bond Index	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Vanguard Prime Money Market Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Vanguard Prime Money Market Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	Vanguard Short Term Investment Grade Fund	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
SP	Vanguard VBS Stock Holdings	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	

**SCHEDULE IV - TRANSACTIONS**

Name David Wayne Loeb sack

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
SP	Vangaurd Intermediate Term Bond Index	S(part)	No	7/20/2010	\$15,001 - \$50,000

UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A  
For use by Members, officers, and employees

Page 1 of 5

**HAND DELIVERED**

Name: Leonard L. Boswell Daytime Telephone: 225 3806

LEGISLATIVE RESOURCE CENTER

2011 MAY 12 PM 3:30

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES (Office Use Only)

MC

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>IOWA</u> District: <u>3</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

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**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

[illegible]

# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name Leonard L. Boswell

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BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income				BLOCK D Amount of Income											BLOCK E Transaction		
<p>Identify (e) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in “unearned” income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p><b>Exclude:</b> Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>			<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be “None.”</p>												<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check “None” if the asset generated no income during the reporting period.</p>				<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. For all other assets, indicate the category of income by checking the appropriate box below. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check “None” if no income was earned or generated.</p>											<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>		
			A	B	C	D	E	F	G	H	I	J	K	L	None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCLUDED/BL	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI
SP		SP	Mega Corp. Stock			X											X		Royalties													S (partial)
DC, Examples:			Simon & Schuster			Indefinite																										
JT			1st Bank of Paducah, KY Accounts																													
			Agriculture land 475 Acres New Buda/Barrell Township, TX					X									N/A						N/A									
			Farm Equipment				X										N/A						N/A									
			Breeding Stock (cattle)				X											Sale of calves								X						
			* Lynix Co (Cellular Tower)				N/A								X								X									

\* Don't know value - Tower doesn't belong to me, I lease them space for their tower location  
For additional assets and unearned income, use next page.

Page 4 of 5

**This page may be copied if more space is required.**



# **SCHEDULE V— LIABILITIES**

Name Leonard L Boswell

Page 5 of 5

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability incurred Mo/Year	Type of Liability	Amount of Liability									
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000
	<i>Example:</i> First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
	<u>Great Western Bank, Leon IA.</u>	<u>Mar 2010</u>	<u>Farm Operating loan</u>		X								

# **SCHEDULE VI— GIFTS**

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A  
For use by Members, officers, and employees

Page 1 of 4  
LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 2:14

CLERK  
U.S. HOUSE OF REPRESENTATIVES

Name: Thomas P. Latham

Daytime Telephone: 202-225-5476

**HAND DELIVERED**

(Office Use Only)

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Iowa</u> District: <u>4</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name Thomas P. Latham

Page 2 of 4

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction	
Identify (e) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in “unearned” income during the year.		Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.												Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check “None” if the asset generated no income during the reporting period.						For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. For all other assets, indicate the category of income by checking the appropriate box below. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check “None” if no income was earned or generated.											Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	
Provide complete names of stocks and mutual funds (do not use ticker symbols.)																																
For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.																																
For rental or other real property held for investment, provide a complete address.																																
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.																																
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.																																
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.																																
For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.																																
SP		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	
DC, Examples:	SP Mega Corp. Stock				X									X			X		Royalties				X								S (partial)	
JT	Simon & Schuster		Indefinite												X									X								
	1st Bank of Paducah, KY Accounts					X																										
IT	Modderman Farm Alexander, IA 110.7 A.							X							X										X							
IT	Latimer Farm Latimer, IA 93.7 A.						X								X										X							
IT	Blom Farm Alexander, IA 76.5 A.					X									X									X								

# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name Thomas P. Latham

Page 3 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction  P, S, E
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
		None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g. Partnership Income or Farm Income)	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000	Over \$5,000,000	
	401K Pension Plan American Funds			X														See Attachment														
	Individual Retirement Acct. Smith Barney Fundamental Value Fund CL-C			X														N/A														
	Green Circle Investments Inc. Common Stock - Bank Holding Co. For Peoples Trust + Savings Bank, Adel, IA								X						X						X											
	Congressional Federal Credit Union	X														X					X											
	Peoples Trust + Savings Bank Adel, IA					X										X					X											
	First Citizens Natl. Bank Clarion, IA					X										X						X										

**Continuation Sheet (if needed)**

Page 4 of 4

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## Summary of activity by fund

**THOMAS LATHAM**

**ISSN:**

**PLAN ID: 0**

	Beginning balance	Total contributions	Total withdrawals	Total other	Total exchanges	Change in value	Ending balance
The Growth Fund of America-R2	\$24,158.73	\$0.00	\$0.00	\$0.00	\$0.00	\$1,235.14	\$25,393.87
New Perspective Fund-R2	\$7,005.76	\$0.00	\$0.00	\$0.00	\$0.00	\$275.81	\$7,281.57
EuroPacific Growth Fund-R2	\$1,245.15	\$0.00	\$0.00	\$0.00	\$0.00	\$41.13	\$1,286.28
SMALLCAP World Fund-R2	\$1,306.95	\$0.00	\$0.00	\$0.00	\$0.00	\$32.52	\$1,339.47
New World Fund-R2	\$519.28	\$0.00	\$0.00	\$0.00	\$0.00	\$523.09	\$523.09
Washington Mutual Investors Fund-R2	\$2,056.91	\$0.00	\$0.00	\$0.00	\$0.00	\$125.66	\$2,182.57
American Funds Money Market Fund-R2	\$126.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$126.94
<b>Total</b>	<b>\$36,419.72</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,714.07</b>	<b>\$38,133.79</b>

## Transaction activity

	Transaction date	Description	Dollar amount	Share price	Shares this transaction	Total shares
<b>The Growth Fund of America-R2</b>						
	01/01/2011	Beginning balance				812.804
	03/31/2011	Ending balance	\$25,393.87	\$31.25		812.604
<b>New Perspective Fund-R2</b>						
	01/01/2011	Beginning balance				250.743
	03/31/2011	Ending balance	\$7,281.57	\$29.04		250.743
<b>EuroPacific Growth Fund-R2</b>						
	01/01/2011	Beginning balance				30.920
	03/31/2011	Ending balance	\$1,286.28	\$41.60		30.920
<b>SMALLCAP World Fund-R2</b>						
	01/01/2011	Beginning balance				34.964
	03/31/2011	Ending balance	\$1,339.47	\$38.31		34.964
<b>New World Fund-R2</b>						
	01/01/2011	Beginning balance				9.781
	03/31/2011	Ending balance	\$523.09	\$53.58		9.761
<b>Washington Mutual Investors Fund-R2</b>						
	01/01/2011	Beginning balance				76.323
	03/18/2011	Dividend Reinvest	\$7.81	\$27.45	0.285	76.608
	03/31/2011	Ending balance	\$2,182.57	\$28.49		76.608
<b>American Funds Money Market Fund-R2</b>						
	01/01/2011	Beginning balance				126.940
	03/31/2011	Ending balance	\$126.94	\$1.00		126.940



UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A  
For use by Members, officers, and employees

Page 1 of 9

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 AM 10:18

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

MC

Name: Steven Arnold King

Daytime Telephone: 202-225-4426

**HAND DELIVERED**

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Iowa</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
		District: <u>5</u>		
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

None

**SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

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**For additional assets and unearned income, use next page.**

## Continuation Sheet (if needed)

Steven Arnold King

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[illegible]

# SCHEDULE IV— TRANSACTIONS

Name Steven Arnold King

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

**Capital Gains** — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

SP, DC, JT		Asset																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
SP	Example:	Mega Corporation Common Stock (partial sale)																X																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												</

# SCHEDULE V— LIABILITIES

Name

Steven Arnold King

Page

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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Data Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
					A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
	None														

# SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
<i>None</i>		

Use additional sheets if more space is required.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

## SCHEDULE VIII—POSITIONS

Name Steven Arnold KingPage 9 of 9

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.